

Schneitter Hot Pots or The Hot Pots
Sequential Ownerships

Simon Schneitter & Maria
Bamberger Schneitter
↓

Simon Sabez Schneitter Family
↓
Whitaker Brothers
Feron, Berlin, Scott
& Martha & Rose
↓

and, of course, Theragram for nutritional support

Schneitter's Hot Pots → Homestead

W BEAUTIFUL UPON THE MOUNTAINS

SIMON AND MARIA BAMBERGER SCHNEITTER

Simon Schneitter was born July 6, 1828, in Wimms, Bern, Switzerland.

Maria Louisa Dintheer Bamberger, who became his wife, was born April 17, 1821, in Erlen, Bern, Switzerland. Maria Bamberger had a daughter by her first husband, Maria Louisa, born July 24, 1853, in Grover, Bern, Switzerland.

To Simon and Maria was born a son, Simon Jabez, on June 30, 1860 in Wimms, Bern, Switzerland.

Simon was a watchmaker by trade, owning his own shop. His wife worked with him. He made the watches and she made the cases.

When the Latter-day Saints missionaries came to their home in about 1862, they were welcomed and often stayed with them. Before long the message the missionaries brought was accepted by their hosts.

Simon and Maria sold their business and made preparations to go to America. With their two children they left Switzerland for Liverpool, England. The ship *Antartic*, left Liverpool on May 23, 1863 with 486 immigrants. The ship docked at Castle Garden, New York, on Friday, July 10, 1863. From Castle Garden they went to Albany, Niagara Falls, Detroit, Chicago, Quincy and St. Joseph, Mo. Then by steamboat up the Missouri River to Florence, Neb., where they outfitted themselves with wagon, ox team and supplies for their trek across the plains. They left Florence, Neb., July 25, 1863, in the John R. Murdock Company, arriving in Salt Lake Valley, Sept. 9, 1863.

A few weeks after their arrival in the Valley they learned they were to go to Midway to join other Swiss families who had already settled there. It was late in the fall when they started. Cold weather and snow made it impossible to go through the mountains, so they camped on Provo Bench until the snow had melted the following spring and the wagons could be driven through the canyon.

On their arrival in Midway they were greeted by other Swiss families. They felt at home in this beautiful valley as it reminded them of Switzerland, surrounded as it was, by mountains much like their homeland.

They settled on several acres of land on which was one large hot pot and several small ones. A log house was built in Snake

MIDWAY BIOGRAPHIES

Creek Canyon which stood until about 1900 when it was destroyed by fire.

The land had to be cleared of sage brush so that crops could be planted. Although farming was entirely new to them, they soon learned to cultivate the land. It was not long before crops were growing all around the hot pots. Cattle and chickens were added and soon they were making their living off the land.

When Park City had developed into a mining town and Provo had been settled, people heard of the hot pots and would go over in their wagons to see them. It was then that they dreamed of building a hotel and resort. In 1886 a two-story brick hotel and a swimming pool was started. The hotel, still in use, is now known as the "Virginia House." A hole was drilled at the base of the large hot pot and the water was piped to the pool. It became a very popular bathing resort. Visitors came from many parts of the United States to spend their vacation and to bathe in the invigorating mineral water.

Maria Louisa Schneitter died Sept. 4, 1893 and Simon Schneitter died Sept. 17, 1900. After their death, their son, Simon Jabez, his wife and family operated the Hot Pot Resort. His family operated it until 1951 when it was sold to the Whitaker Brothers, the present owners. Thus ended 87 years of ownership by the Schneitter family.

Their daughter Maria Louisa was ten years old when they found their new home in Midway. She helped her step-father clear the land, plant and harvest the crops. Every Friday, during the spring, summer and fall, she and her step-father drove to Salt Lake City with a wagon load of butter, eggs and vegetables. Some of the most prominent people in Salt Lake City were their regular customers. Mrs. Conrad Wilkinson who operated a millinery shop was one of their regular customers. On one of her trips she mentioned to Mrs. Wilkinson that she would like to stay in Salt Lake as she thought there were more advantages in the city for a young girl. She stayed in her home, attending school, until Mrs. Wilkinson's health compelled her to close the shop. Maria Louisa then went to live in the home of Dr. Joseph Benedict. She married Richard Alfred Watts in 1882 and raised a family of seven children, six sons and one daughter, all of them living when she passed away July 29, 1932, in Salt Lake City at the age of 79.

final diagnosis of the 312 patients is shown in the table. 155 had proven myocardial infarction. 96 had prolonged chest pain without indubitable evidence of infarction, although the electrocardiogram was abnormal. 28 had prolonged chest pain with a normal electrocardiogram. In only 3% of cases was it thought that the call for the mobile unit had been unjustified.

105 (two-thirds) of the patients with proven myocardial infarction were male and the majority of these were under the age of 60.

The time after the onset of symptoms at which the 155 patients with proven infarction came under intensive care and the incidence of ventricular fibrillation during the first three days is shown in fig. 1. 78 of the 155 (half the patients) were under intensive care within two and a half hours, and two-thirds within four hours. Since the majority of deaths occur soon after onset of symptoms it might be expected that among patients seen early the incidence of ventricular fibrillation would be high. This proved to be so. 9 patients among the 101 seen within four hours developed ventricular fibrillation. Resuscitation was successful in 8 of these.

During the entire period in hospital 21 of the patients admitted by the mobile unit developed ventricular fibrillation. 15 of these were resuscitated, and of these 10 survived to leave hospital. The mortality among patients with definite infarction was 20%. There is little doubt that this heavy mortality was influenced by the tendency of the general practitioner, particularly in the early stages of the project, to call for the mobile unit only when the patient was considered to have a severe myocardial infarction.

10 patients have been resuscitated outside hospital. Electrocardiographic evidence of ventricular fibrillation

was obtained in each of these patients. All developed ventricular fibrillation within four hours of the onset of symptoms. Fig. 2 records the data of 4 patients who developed ventricular fibrillation in the ambulance during transit. No patient died during transit. 1 elderly patient died, soon after admission, from pulmonary oedema. The other 3 were discharged from hospital.

Fig. 3 shows the data concerning 6 patients successfully resuscitated in various situations soon after the onset of symptoms. 4 had cardiac arrest in their own homes, 1 in a dance hall, and 1 in her doctor's surgery. 3 of these patients have survived. 6 of the patients shown in figs. 2 and 3 were excluded from the analysis in fig. 1 either because the occurrence of cardiac arrest was the reason for the signal or because resuscitation occurred after March 31, 1967.

Case-reports

Details of 10 patients successfully resuscitated outside hospital are given.

Case 1

A 79-year-old woman developed ventricular fibrillation during transfer to hospital. Defibrillation was achieved in the ambulance by the house-physician. Unfortunately pulmonary oedema became apparent soon after admission and the patient died one hour after resuscitation.

Case 2

A 55-year-old man developed chest pain while attending a meeting. He went home and summoned his doctor. The mobile unit was called. Ventricular fibrillation developed immediately after the patient was transferred to the ambulance. Defibrillation was achieved by a registrar. His period in hospital was uneventful and he was discharged on Dec. 6, 1966, and is now well.

Case 3

A 59-year-old man had chest pain for some three hours before calling his doctor. Transport to hospital by the mobile unit was arranged. Ventricular fibrillation occurred during transit. Defibrillation was achieved. Recovery from myocardial infarction was uneventful and he is now well.

Case 4

A 41-year-old university professor was admitted to hospital because of an episode of chest pain. The electrocardiogram and serum-enzymes were normal. He insisted on leaving hospital three days after admission. Ten days later, whilst alone in his home, he was stricken with catastrophic chest pain but was able to telephone the cardiac ward. The mobile team got to him quickly. Cardiac arrest developed while the electrocardiographic electrodes were being connected. Ventricular fibrillation was removed by the house-physician. His four-week period in hospital was uneventful and although he had had an extensive myocardial infarction he was well at the time of discharge. He subsequently died after a further myocardial infarction.

Case 5

The registrar in charge of the mobile unit on Nov. 21, 1966 (J. S. G.), was recording the electrocardiogram of a 49-year-old man in the patient's home when ventricular fibrillation occurred. When the dysrhythmia was removed by D.C. shock, atrioventricular block was apparent. The systolic blood-pressure was 30 mm. Hg. A bipolar pacing catheter was inserted blindly into the right ventricle. When pacing was established, his condition rapidly improved and it was possible to move him to hospital. He was well on admission and normal atrioventricular conduction was soon resumed. Unfortunately, cardiac arrest occurred three weeks after admission and resuscitation was unsuccessful.

Case 6

A 55-year-old man collapsed while dancing. A dance-hall attendant applied external cardiac massage until the arrival of



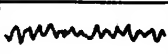

E.C.G.	Patient	Time	Outcome
	F 79	2 hr.	Died (1 hr.)
	M 55	1 hr. 20 min.	Survived
	M 59	3 hr. 25 min.	Survived
	M 41	35 min.	Survived

Fig. 2—Details of 4 patients in whom ventricular fibrillation developed during transit.



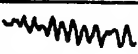



E.C.G.	Patient	Time	Site	Outcome
	M 49	2 hr. 10 min.	Home	Died (3 weeks)
	M 55	0	Dance Hall	Died (1 week)
	M 45	1 hr. 10 min.	Home	Survived
	F 42	1 hr.	Home	Died (1 week)
	M 61	55 min.	Home	Survived
	F 51	1 hr. 5 min.	Surg.	Survived

Fig. 3—Details of 6 patients in whom ventricular fibrillation was successfully removed shortly after onset of symptoms.